

# EXHIBIT B

Received: 9/20/99 3:35PM

954-565-8781

MIDLAND POLY Page 2

Sep 20 99 03:47p

Keith Thomas

954-565-8781

P.2

**Beneficiary/Ownership Change Form**

Please print:

Kelly D. Couch 20 11:04213041

Name of Insured

Policy Number

Address - Street, P.O. Box

☒ Check here for new name or addressAtlanta GA

REASON FOR NAME CHANGE

City &amp; State

Zip Code

☐ Marriage☐ Divorce (Attach a copy of the divorce decree)☐ Other**Complete the information below pertaining to the type of change you are requesting.**

Please note the following conditions when changing the beneficiary or owner:

- A. If you are naming a trust as the beneficiary or owner, we need the legal name of the trust, the date the trust was established, and the tax identification number of the trust. If a trust is the new owner, we need the signature of at least one trustee as the new owner.
- B. If you are naming more than one beneficiary, please indicate their share in percentages instead of dollar amounts.
- C. If you are naming joint owners, the ownership will be established as joint tenants with rights of survivorship, unless otherwise indicated. If more than one owner is named, we will need all owner's signatures.
- D. If you live in a Community Property State - AZ, CA, ID, LA, NV, NM, TX, WA, or WI - The owner's spouse is required to sign this form. If the owner is no longer married we will need a copy of the divorce decree verifying this fact and the page in the decree showing what was to happen with the life insurance. If the owner's spouse is deceased, a copy of the death certificate is needed.
- E. If you name someone other than a family member as beneficiary, the address of that individual is required. For all beneficiary designations please indicate relationship to the insured.
- F. If changing owner from/to a corporation, we need an officer's signature other than the insured. If the insured is the only officer, we will need a legal document stating he/she is the only officer of the corporation.

**Beneficiary (Lump sum payment) I hereby revoke all previous beneficiary designations and change beneficiary or beneficiaries to the following:**Sterling Crum Kirkland, WA

Primary beneficiary

Estate of Sterling Crum

Relationship to insured

Contingent beneficiary

Kirkland, WA

Relationship to insured

Unless otherwise requested, "children" shall mean any lawful children of the insured by birth or adoption.

Unless otherwise requested, proceeds shall be paid in equal shares to any primary beneficiaries who survive the insured, but if none survives, proceeds shall be paid in equal shares to any contingent beneficiaries who survive the insured or, if none survive, to the estate of the insured. It is hereby agreed that the provisions, if any, of the insured's policy requiring endorsement of change of beneficiary on the policy are annulled.

**Ownership (Beneficiary designation currently in effect is not changed unless indicated above.)**

I hereby assign and transfer all rights, benefits, options and privileges available under this policy while the insured is living, including the right to change the beneficiary thereunder, to the following named person, who shall be the owner (applicant) of the policy. I declare that no proceeding in bankruptcy or insolvency is pending against me:

New owner's name

New owner's Social Security Number

Number

Street

City

State

Zip Code

**I/we agree that any change requested above shall be effected by return of this request with the company's acknowledgement endorsed thereon.**Kelly D. Couch 9/20/99

Owner's Signature

Date

The undersigned agree to the above requests and changes.

\*New owner's signature

Date

\*CERTIFICATION - Under the penalties of perjury, I certify that the information provided on this form regarding the Social Security Number, is true, correct, &amp; complete.

Signature of assignee (if any)

Signature of owner's spouse (if required as specified above)

**For Home Office Use Only****Acknowledgement of request for service. Attach to policy.**

The Midland Life Insurance Company has approved, made and recorded the changes, and complied with the requests, indicated above.

Dated at Columbus, Ohio

SEP 22 1999

by

Maurice J. Woolver

Registrar

CS-677

The Midland Life Insurance Company, 250 East Broad Street, Columbus, OH 43215 614-228-2001

2-95